INDIANA UNIVERSITY- PURDUE UNIVERSITY INDIANAPOLIS

INVOICE

CUSTOMER NUMBER: WES6721

CUSTOMER PO NBR:

PO DT:

IN2086267CGG

INVOICE NUMBER: 01-TP4905410 INVOICE DATE:

12/16/2009

PROVIDED TO:

ATTN: A/P. JASON DOMBKOWSKI

WEST LAFAYETTE POLICE DEPT

711 W NAVAJO ST

WEST LAFAYETTE

BILLED BY (DO NOT REMIT TO):

INDIANA UNIVERSITY

PHARMACOLOGY & TOXICOLOGY

MS A401

INDIANAPOLIS

IN 46202-5120

/317-274-7825

IN 47906 FAX 317-278-2836

INDIANA STATE DEPT. OF TOXICOLOGY 2010 BTI MAINT. PROGRAM

FEIN NUMBER 35 600 1673

QTY UNIT ITEM

DESCRIPTION

UNIT PRICE

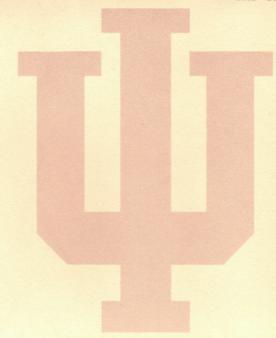
EXT. PRICE

TERMS: NET 30 DAYS

1.00 EA IM EVIDENTIARY BREATH TEST INST MAINT PROG 650.00

PAY THIS AMOUNT

650.00 650.00



RETAIN THIS PORTION FOR YOUR RECORDS

Make Checks Payable To: INDIANA UNIVERSITY

WEST LAFAYETTE POLICE DEPT

INVOICE NUMBER 01-TP4905410

CUSTOMER NBR WES6721

DUE DATE 01/15/2010 AMOUNT DUE \$650.00

IN2086267CGG

ATTN: A/P. JASON DOMBKOWSKI

711 W NAVAJO ST

REMIT TO: INDIANA UNIVERSITY INDIANA UNIVERSITY

PO BOX 66271

WEST LAFAYETTE

IN 47906 INDIANAPOLIS

IN 46266-6271

UA/FMS /WES6721 01TP490541012/16/2009000000000065000

Evidentiary Breath Test Instrument Maintenance Program 2010 Enrollment Request

FORMS MUST BE COMPLETED BY JANUARY 31, 2010.

Fax: (317) 278-2836 Or mail this form to: Indiana State Department of oxicology 550 W. 16th Street, Suite A Indianapolis, IN 46202

(Pleas	e type or print information)	
Type: BAC Datamaster	Serial #:95033	
Agency Name: WEST LAFAY	ETTE POLICE DEPARTMENT	
Street Address: 711 W. Nav	ajo Street	-
City: W. Lafayette, IN	Zip Code: 47906	
Phone: (765) 775-5200	Fax Number: (765) 775-5228	<u>B</u>
Contact Person for Datamaster Maintenan	nce: Capt. Mike Francis	_
Chief of Police, Sheriff, CEO, etc.:C	hief Jason Dombkowski	_
your invoice. Please send payn	must be paid no later than the danent to the address shown on the ove. Thank you for your coopera	invoice, not the
*We accept your enrollment terms, in	cluding the maintenance fee of \$650.00 p	per instrument.
John R. Dennis	* SEE ATTACHED * *	
Printed Name	Signature	Date